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JOHN J. BYRNE, M.D.
President 1977-1978
Massachusetts Medical Society

SUMMER – 1977

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SUMMER – 1977 VOL. XXXIII – NO. 6

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Rocco A. Verrilli, M.D.

Your President's Page
"Grass/Roots"

Roots conjure up many visions: best-selling book, permanence in living, vegetation. There is another populist inspired connotation, part of the political heritage in this country, which describes the relationship between the politicians and the ordinary citizens of this country: grass roots.

Ordinary citizen is not a perjorative term. Rather, it means a citizen *not* of a special class: not of wealth, of prestige, or of dynastic political power. It means a citizen with lack of access to the media for purposes of manipulation. It means one power only: the right to cast a vote for or against a politician, for or against a referendum.

It is this vote that the pol hungers and thirsts for, avidly, compulsively every two years, four years, or six years. The pol withers, browns, shrinks to dry dust without such sustenance.

We physicians must now discipline ourselves and earnestly cultivate the grass roots. We must prepare and sustain the grass roots and the flowering will be strong and wonderful to behold. On a one-to-one basis we care for more people every day, week, and year than most pols personally see in a lifetime. The patient-physician relationship is more powerful than any telethon, press conference, or political dinner. It's for real, not a media event. It's for saving lives and improving the quality of life.

Start now, not tomorrow, to tell each patient how political interference and officiousness will weaken the process of medical care, like drought weakens plants. Tell the truth, tell it straight, and the ordinary citizen will show his power and tell the pols like it is, KEEP OFF THE GRASS. IT'S DANGEROUS TO OUR HEALTH.

Rocco A. Verrilli, M.D.
HDMS President 1977-1978

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Executive Committee Report

The Executive committee met on Tuesday, May 17, 1977 in the Conference Room of the HDMS.

Present were Drs. Verrilli, Stoddard, Magill, Walthall, Bloom, Sachsse, Abrams, Dasco, Remsberg, Moore and Mrs. Purdy.

Dr. Verrilli called the meeting to order at 7:30 P.M.

Mr. McManus of Massachusetts Mutual Insurance Company was present to discuss and introduce a program on Hypertension that they intend to hold for their employees. A similar program was held in New York at Gimbel's store for their employees and Mr. McManus had statistical figures about the project. Dr. Alderman of Cornell Medical School is the physician in charge of the project and the HDMS referral system will be used for employees who have no private physician. Mr. McManus was thanked for his presentation with the assurance that HDMS would get a report from him after it was discussed.

Dr. Guardione and Mrs. Ernst were present to present a CME trip for physicians and their wives to St. Maarten for CME credits to be held in January of 1978. Speakers have been obtained from Tufts University plus physicians from Baystate Medical Center. Penn Travel will donate $2500 towards the expense of the trip. Mrs. Betty Ernst will be the travel director. A mailing will be sent of announcement to all the physicians in western Massachusetts. Dr. Guardione and Mrs. Ernst were thanked for their presentation and assured that the Executive Committe would discuss this and let them know the outcome of their decision.

Dr. Verrilli recapped the blood pressure program and after a motion was duly made and seconded it was voted to sanction this screening program.

The CME trip was discussed at great length. Upon motion duly made and seconded it was voted that the HDMS sponsor this trip to St. Maarten's but the category credits should be checked carefully through either the Committee on Medical Education of the MMS or the Postgraduate Medical Institute.

NEXT PAGE

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The minutes of the April Executive meeting were read and approved as read.

Dr. Verrilli asked if the minutes could be sent out to the committee prior to each meeting and thus save time at the meeting. The committee approved of this.

Dr. Zacarian requested that the Dermatology heading in the yellow page listing of the telephone book have "Skin" in parentheses added in the next printing. The committee approved of this.

Old Business

1. More responses were read from the Ludlow, Mary Lane and Baystate Medical Center on the radiation therapy as well as screening clinics.

Mrs. Purdy talked with Dr. Grippo about the Baystate Nutrition Center and its relationship to the Baystate Medical Center. He denied any affiliation with the hospital although several physicians on the full time staff are on the Board.

Mrs. Purdy gave the Executive Secretary report.

New Business

A questionnaire on the CME program held at the District Annual Meeting had been sent to the members of the committee. This questionnaire was discussed and copies will be sent to the membership with the next Newsletter.

The committee approved Dr. Nero as Alternate to the Public Relations Committee.

The committee approved Dr. Brendler as Alternate to the Legislative Committee.

The WMHPC is holding hearings about hospital bed cutbacks. The committee discussed this and Dr. Bloom, Public Relations Councilor will write an article for the newspapers about the feeling of the HDMS on this cutback.

Several meetings have been held at the Massachusetts Mutual Insurance Company on second opinions for surgery on their employees. The summary of these meetings had been mailed to the committee beforehand. After motion duly made and seconded it was voted to sanction this second opinion program. The fee set for this is $50.00.

Mr. Roche of the WMHPC wrote asking to meet with the President of HDMS to discuss the appointment of Dr. Mausel to be on the Board Plan Development Committee of the WMHPC. They would also like to discuss an alternate for Dr. Mausel when he is unable to attend meetings. They

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also sent an application form for any interested person to fill in the 13 seats on the Advisor Committee. Mrs. Purdy and Dr. Kirkwood of Baystate Medical Center will apply.

A letter that Dr. Stoler wrote to Ms. Rutman of the WMHPC was read as informational.

A letter that Dr. Fitzpatrick wrote to Dr. Flahive, President of the Academy of Medicine was read. In this letter he asked for approval for his committee to initiate discussions with the Attorney and Auditor for the possible merger of the Academy and the Medical Society.

A letter from Mr. James T. Controvich, Secretary to the Springfield Fire Department Medical Advisory Group was read. A copy of a proposed trip ticket for ambulance use was sent for approval. It was suggested by the committee that the Fire Department be asked if the Emergency physicians in the various hospitals had been asked for approval also.

The Western Massachusetts Legal Services, Inc. wrote two and a half pages of information necessary for filling out forms for them. It was suggested that this be printed in the June issue of the Hampden Hippocrat.

Attorney Novak wrote thanking the Society for the Scroll that was given to him and reminded the members that the Max Millman Foundation belongs to that alone and not the HDMS and must not be spoken of as belonging to the HDMS. It is to be used only for loans to medical students.

The meeting was adjourned at 9:42 P.M.

Philip B. Stoddard, M.D.
HDMS Secretary

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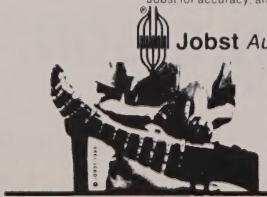

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FEATURED ARTICLE

M.M.S. President's Message
The Future of Organized Medicine

Greetings to the Hampden Medical District Society! You have been a part of the Massachusetts Medical Society's long history and have seen enormous scientific advances in our profession. Yet, despite these advances, we are being criticized because we are costly and are not perfect. Many are telling us that organized medicine is incapable of playing a constructive role in the development of a modern health system.

I disagree with this philosophy. If we maintain the good will of society and improve our own organization so that it can perform systematic and positive planning we will have a future.

Our profession has the good will of society because it has been involved for centuries in a compassionate doctor-patient relationship of which the patient is the beneficiary. Our Society is the organized embodiment of this relationship. To insure this relationship in an organized way, our Society does its work through various committees. I would like to explain the work of those committees which demonstrate our actions as enlightened physicians on the patient's behalf.

We believe that our doctors should be up-to-date. We have had a long history of this, and our Committee on Medical Education is a solid one. It approves various hospitals for their own continuing medical education credits, and through the Postgraduate Medical Institute it will institute courses for which such credits can be obtained at a reduced cost and close to home.

We do ensure quality of care. More recently this has been the function of our Foundations and the Commonwealth Institute of Medicine through the PSRO'S. We are receiving solid information that these Foundations are ensuring quality care and reducing costs. We have a Committee on Foundations which helps to keep our Society up-to-date on the progress of the Foundations.

We are the organized social conscience of our profession. This is one of our most important functions. Our Ethics and Discipline Committee and Judicial Committee work hard in this regard, weeding our minor complaints and concentrating on major ones with regard to high fees, physicians' disagreements, misleading advertising, and financial mis-dealing with third-party carriers. Ethics and Discipline is a very hardworking committee and commands our respect and admiration.

We are interested in health maintenance. For years, we have had many committees at work in this field on traffic safety, environmental safety, occupational hazards, student health, perinatal and maternal welfare. We

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are beefing up our Committee on Nutrition. We have a committee concerned with violence on television.

We are doing our best to solve the malpractice crises. The joint underwriting authority, which the previous administrations of this Society were so successful in developing, has temporarily slowed the rise in malpractice cases. It may not be the solution; it may be only a stop-gap. We have another task force working on a type of no-fault approach wherein most maloccurrences would be either compensable or non-compensable depending on whether there were contingent and residual damages.

We are proof that diverse specialists can work together. For years we have been justifiably criticized for our diversity. More recently, however, our various specialty groups are coming together with us through our Sections, and our new Interspecialty Committee which should do much to integrate our activities and solve our mutual problems.

We are interested in containing the high cost of medical care. All doctors should know what the medical and hospital bills look like and how high they are. We should know the costs of the laboratory tests we order. Through the Foundations, we are also working on such costs. We know that the CHAMP Program has saved money, and we learned recently that the Plymouth Foundation is saving money. Our relationship with Blue Shield has also been a factor in lowering costs. There are problems with our Blue Shield arrangements which have to be studied, but I believe that the Blue Shield structure, which has been a tremendous social economic experiment in this State and of great credit to the Massachusetts Medical Society, should not be scuttled in the attempt.

In order to expedite these very positive activities of our Society, we need the help of our Legislative Committee, our Public Relations Committee and our Medical Auxiliary.

The Legislative Committee has been quite effective. It is working diligently in keeping us abreast of the latest action of the legislature. We cannot tell the legislature what to do. They are the representatives of the people and they will respond to public pressure. However, we can be sure that our voice will be heard.

The Public Relations Committee is very active. One of its recent functions was to arrange for a Media day when representatives of the press, legislature, and other bodies got together to discuss problems in an informal way. We were fortunate this year to have Doctor James Sammons, the Executive Vice-President of the American Medical Association as the key speaker.

Our Medical Auxiliary has done much for us and needs support at every level, particularly at the district level. It has helped us with legislation, quality of life teaching in schools, and violence on television.

This is a resume of some of the positive approaches of our Society as it meets the challenge of 1977-78. As organized physicians, I believe we are maintaining a good compassionate doctor-patient relationship. We are putting the patient first. We are adhering to Oliver Wendell Holmes' advice to the graduating class of Bellevue in 1861. Concerning the changing world they were facing, he said: "Take it as it is. If you wish to obtain its confidence, deserve it."

John J. Byrne, M.D.,
President Massachusetts Medical Society
1977-1978

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Letter to the Editor:

May 12, 1977

Bruce B. Stoler, M.D.
President, Hampden District
Medical Society
1414 State Steet
Springfield, MA

Dear Doctor Stoler:

I am writing to you as President of the Medical Society on behalf of clients who are represented by attorneys from Western Massachusetts Legal Services, Inc. in their application for governmental benefits on the basis of a medical disability. We wish to thank the members of your society who have responded with promptness and thoroughness to our requests for information. We would also like to call the attention of your members to some of the difficulties which have arisen in these matters and to solicit your cooperation in their resolution.

1. Adequate documentation of disability:

To qualify for disability benefits under Social Security or Supplemental Security Insurance (SSI) the claimant must be unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for more than 12 months or result in death.

Physical or mental impairment is defined as:

"A physical or mental impairment is an impairment which results from anatomical, physiological or pyschological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques." (20 CFR§416.901)

Thus, it is essential that the examining physician list not only the claimant's diagnosis but the clinical data which supports the diagnosis. A simple statement of the claimant's present and expected future ability to work in relation to the medical impairment should be included. *OVER PLEASE*

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2. Timely responses to requests for medical information

While we are concerned with the problems of paperwork innundation afflicting all professionals today, it is essential that our requests for medical documentation be responded to promptly. There is usually a limited period of time available to us in preparing for an administrative hearing on the claimant's disability. When the claimant has recently been hospitalized, a copy of the history, physical and discharge summary will often give us most of the needed information. If medical reports are delayed, the claimant may be denied benefits to which he/she is entitled.

3. Providing adequate and clear information to patients

On occasion claimants will present us with the information that their physician has told them they cannot work because of a medical disability. The documentation of the physician however indicates that the patient can do "light and sedentary work". In such a case the claimant will usually be denied benefits. Additionally, the patient-physician relationship may be damaged. While it is impossible to guarantee that the claimant will correctly interpret the information given, we encourage candor and directness in these explanations.

4. Charges for information

While we do not expect physicians services to go unremunerated, we find the additional costs which our disability claimants must pay to receive reports from their attending physicians is often far beyond their means. Frequently, the physician is seeing the claimant at regular intervals and the information requested require no additional tests, examinations or services except for the photocopying of a medical report or the dictation of a brief letter. Since the benefits available to disabled persons will help them to receive and pay for continued medical care it would be in the best interest of physicians to assist in the documentation of disabilities which are preventing the claimant from working.

As a nurse I am familiar with many of the problems confronting the members of the medical profession in their efforts to serve the health needs of our citizens. I would be happy to assist your members in their services to disability claimants by meeting with them or with the appropriate subcommittee of your society to receive suggestions and to discuss solutions to the problems discussed above.

Thank you for your assistance in this matter.

Mary Ellen McCarthy
Elderly Project Attorney

PLEASE NOTE

The editorial board apologizes to the HDMS's new president, **Dr. Rocco A. Verrilli,** for the misspelling of his family name on the front cover of the May issue of the *Hampden Hippocrat.* It knows better!

Golfers and others interested in chasing that little white ball around the Longmeadow Country Club's eighteen devilish holes, tees, fairways, etc., are hereby notified that the HDMS Golf Day will be August 17th—a Wednesday. Please contact Dr. Kenneth L. McEwen for details and to sign up.

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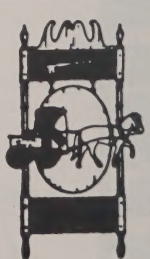

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Dates to Remember

Hampden District Medical Society Meetings

District Meetings (Places to be announced)
Tuesday, September 27, 1977
Tuesday, November 22, 1977
Tuesday, February 7, 1978
Tuesday April 25, 1978

Executive Committee Meetings
September 20, 1977
October 18, 1977
November 15, 1977
December 20, 1977
January 17, 1978
February 21, 1978
March 21, 1978
April 18, 1978
May 16, 1978
June 6, 1978

Censor Meetings
Thursday, December 1, 1977
Thursday, May 4, 1978

Pre-Council Meetings
Thursday, September 8, 1977
Thursday, January 5, 1978
Thursday, April 13, 1978

State Executive Committee Meetings
Wednesday, September 14, 1977
Wednesday, January 11, 1978
Wednesday, April 19, 1978

State Council Meetings
Wednesday, October 12, 1977 (Springfield, Treadway Inn)
Wednesday, February 8, 1978
Wednesday, May 17, 1978

State Annual Meeting
May 23-24, 1978

Leadership Conference, Massachusetts Medical Society
Wednesday, September 28, 1977
Wednesday, January 25, 1978

American Medical Association

Annual Conventions

1978	June 17-22	St. Louis
1979	June 23-29	New York
1980	June 21-26	Las Vegas
1981	June 13-18	San Francisco
1982	June 26-July 1	Dallas

Interim Sessions House of Delegates
1977 12/4-7, Chicago, Palmer House
1978 12/2-6, Chicago, Palmer House
1979 12/1-5, Chicago, Marriott Hotel
1980 12/6-10, Chicago, Marriott Hotel
1981 12/5-9, Chicago, Marriott Hotel

Winter Scientific Programs
1977 12/10-13, Miami
1978 12/7-10, Las Vegas
1979 1/12-15, San Antonio (1980 meeting)
1977 Regional Meeting Schedule Continuing Education Seminar
1977 9/10-11, Hartford, Ct. Sheraton

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In Memoriam
George L. Ross, M.D.

Died 5/6/77 at the Holyoke Soldiers Home after a long illness. Dr. Ross was a graduate of Georgetown University (1928) and Georgetown University Medical School (1930). He interned at the Gallinger Hospital, Washington, D.C. 1930-31. He had been engaged in the practice of anesthesiology in the city of Holyoke for more than 25 years. He was an Associate Medical Examiner for Hampden County from 1950 through 1972. He had been a previous president of the Providence Hospital medical staff. He was a member of the Hampden District medical society, the Mass. Medical Society, the American Medical Association, the Association of Medical Examiners and the New England Anesthesiologist Society. Donations may be made to any charity or to the Mrs. George L. Ross nursing scholarship fund in care of Mary Burke, treasurer, 11 Yale St., Holyoke.

In Memoriam
Carl M. Binnig, M.D.

Died 6/15/77 at age 69 at his home on Cape Cod. Dr. Binnig was a graduate of Tufts University (1930) and a cum laude graduate of Tufts Medical School (1934). He was appointed intern of the first surgical service at the Boston City Hospital from 1935 through 1937. He was a resident in surgery at the Pondville Cancer Hospital 1937 through 1938. He served as Surgeon in Chief of the Cancer Service at the Westfield State Sanatorium from 1938 through 1942. (now known as the Western Massachusetts Hospital). After retiring from 4 years service in the Air Force with the rank of Lt. Colonel in 1946, he established his surgical practice in Springfield where he served on the staff of the Springfield Hospital until 1970, having reached the rank of senior assistant surgeon and having included a tenure as chief of the surgical service. Dr. Binnig was a member of Alpha Omega Alpha, The William Osler Honor Society of Tufts Medical School, Hampden District Medical Society, the Massachusetts Medical Society, the American Medical Association, the Springfield Academy of Medicine, the Springfield Exchange Club, and Longmeadow Country Club. He was a fellow of the American College of Surgeons and of the International College of Surgeons. Donations may be made to the Library Fund of the Springfield Hospital Division, Baystate Medical Center.

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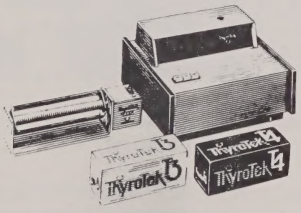

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Medical School: Liaquat Medical College, Hyderabad, Pakistan, 1968. *Internship:* Cook County Hospital, Chicago, Ill., June 69-June 70. *Residency:* Northwestern University, General Surgery - July 70-Dec. 71. Neurological Surgery - Jan. 72-June 76, Medical Center, Chicago, Ill. *Specialty:* Neurological Surgery.

Stanley F. Glazer, M.D.
50 Maple St., Springfield, MA 01103
Born: 10/28/47
Medical School: Medical College of Virginia 1972. *Internship:* Boston Univ. Medical Center - Medicine - 1972-73. *Residency:* University Hospital - B.U. Med. Center - Medicine - 1973. Dermatology - Univ. Hospital, Boston U. Medical Center - 1974-77. *Specialty:* Dermatology.

Andrew S. Levin, M.D.
233 Mountainview Dr., Holyoke, MA 01040
Born: 1/29/47
Medical School: Hahnemann Medical College - 1973. *Internship:* Baystate Medical Center - June 1973-74. *Residency:* Baystate Medical Center - 1974-75 - Medicine. *Specialty:* Emergency Medicine.

Thomas J. O'Neil, M.D.
140 High St., Springfield, MA
Born: 9/24/25
Medical School: N.Y. Medical College - 1960. *Internship:* St. Vincent's Hospital, Bridgeport, Conn. 1960-61. *Specialty:* Emergency Medicine.

Robert H. Osofsky, M.D.
120 Maple St., Springfield, MA 01103
Born: 9/18/45
Medical School: State Univ. of N.Y., Upstate Medical Center - 1969. *Internship:* Rotating-Parkland Memorial Hospital, Dallas, Texas - 1969-70. *Residency:* Univ. of California Medical Center, San Francisco - General Surgery - 1970-71, Oto - 1971-74. *Specialty:* Otolarynogology.

Benjamin B. Park, M.D.
Providence Hospital, Holyoke, MA 01040
Born: 10/20/29
Seoul Nat'l University, Seoul, Korea - 1955. Internship: Roger Williams General Hospital, Providence, R.I. 4/70-3/71. *Residency:* Rhode Island Hospital, Providence, R.I. 4/71-3/75 - Pathology. *Specialty:* Pathology.

Francis D. Horrigan, M.D.
87 W. Silver St., Westfield, MA 01085
Born: 9/5/41
Medical School: Georgetown Univ. 1966 *Internship:* Georgetown Univ. 1966-67. *Residency:* Georgetown Univ. 1967-68 - 1970-72 - Washington Hospital Center 1972-73. *Specialty:* Internal Medicine-Gastroenterology.

David R. Sigelman, M.D.
1767 Northampton St., Holyoke, MA 01040
Born: 4/22/46
Medical School: Dartmouth College - Harvard - 1972. *Internship:* Massachusetts General Hospital - July 1972-73. *Residency:* Massachusetts General Hospital - July 1973-74 - July 1975-76. *Specialty:* Pediatrics.

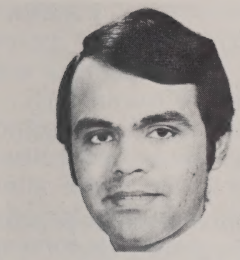
Thurston L. Gaines, Jr., M.D.
Western Mass. Hospital, Westfield, MA 01085
Born: 3/20/22
Medical School: Meharry Medical College, 1953. *Internship:* Meadowbrook Hospital, East Meadow, N.Y. - July 1953-June 1954. *Residency:* Meadowbrook Hospital, E. Meadow, N.Y. - July 1954-June 1959. *Specialty:* Chief of Professional Services.

William F. Boucher, M.D.
264 N. Main St., E. Longmeadow, MA 01028
Born: 6/1/46
Medical School: Hahnemann Medical College, 1972. *Internship:* Baystate Medical Center - Internal (Rot. Medical) 7/72-6/73. *Residency:* Baystate Medical Center - Medical Resident - 7/73-6/74. Fellow in Cardiology 7/74-6/75. *Specialty:* Internal Medicine - Cardiology.

William I. Sivitz, M.D.
264 N. Main St., E. Longmeadow, MA 01028
Born: 8/17/45
Medical School: Hahnemann Medical College - 1972. *Internship:* Baystate Medical Center - 1972-73. *Residency:* Baystate Medical Center - 1973-74. *Specialty:* Internal Medicine.

Robert I. White, M.D.
48 Court St., Westfield, MA 01085
Born: 5/2/44
Medical School: University of Maryland, 1970. *Internship:* Hartford Hospital, Hartford, Conn. - 1970-71. *Residency:* General Surgery, Hartford Hospital - 1971-72. Urology, Univ. of Conn. 1974-77. *Specialty:* Urology.

Thomas M. Teree, M.D.
759 Chestnut St., Springfield, MA 01107
Born: 10/5/31
Medical School: Western Reserve Univ., 1956. *Internship:* The Children's Hospital Center, Boston - 1956-57. *Residency:* Children's Hospital Medical Center, Boston 1957-58; Childrens Hospital, Cincinnati 1960-61. *Specialty:* Hospital Consultative-Pediatrics.



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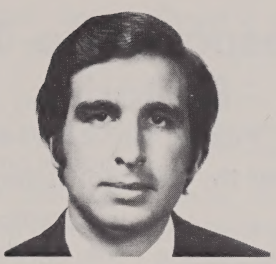

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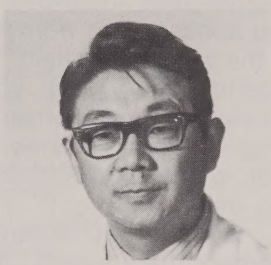

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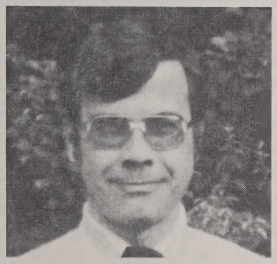

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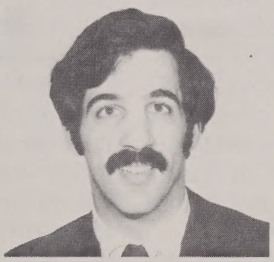

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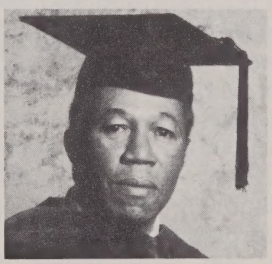

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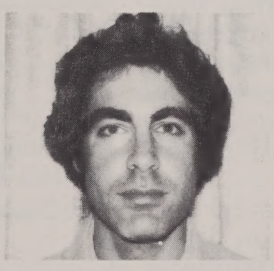

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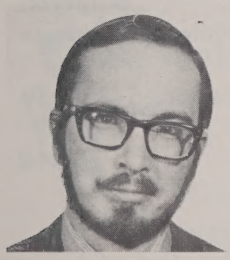

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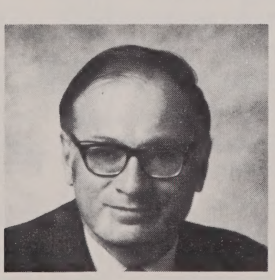

Thomas M. Teree, M.D.

Response to TV Editorial

(Mr. Putnam Ch. 22 5/14/77)

by Dr. Bernard Bloom

Mr. Putnam, you are really making us angry! It is one thing to single out the doctors for your meaningless diatribes but when you accuse hard working members of the health care field, such as you recently did when you accused nurses and medical technicians of devoting their lives to the care of their pocketbooks, that was really too much!

By way of recent inquiry I learned that nurses, that is staff nurses in the hospitals, earn about $5.00 per hour and that the total salary comes to about $200.00 a week. A charge nurse who is responsible for a floor of about 30-40 patients earns a total of about $15,000 per year. I am sure that you will agree that people in such responsible positions are not being overpaid at these salaries.

We must admit that you do have a *few* facts straight. Medical professionals do devote their lives to the care of others. The profession's orientation *is* toward human factors in disregard of economics. Save us all if we ever start putting human life and welfare at the bottom of our priorities.

A few points made by Mr. Putnam require clarification. There are *no machines, no "fantastic machines"* as stated, in our hospitals, costing, and I quote, "$1,000,000 dollars and more, employed on rare occasions to prolong the lives of living vegetables." That is an indecent description of the severely stricken patient.

In our society today, it is ethically moral to do all we can to alleviate pain and suffering and prolong life whenever it is reasonable and possible to do so. Patients expect and demand the best possible care and treatment, and it is the physicians job to deliver such care.

The medical profession *does* understand that the cost of sophisticated, complicated and expensive care must be borne by the public. Without such equipment and facilities the miracles of modern healing could never take place. Let us remember that the push for higher intensity of care does not come from hospitals alone. It has been said that this need for more sophisticated equipment and treatment is part of the "American health ethic," the idea that better care is desirable regardless of cost. It has been pointed out that physicians want the best and most modern care. The patient wants the "miracle" to improve his life, and the Government and

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insurance companies have been saying, "yes, we will pay for the best care available."

The hiring of experts on cost-control to supervise the cost of medical care is slowly taking shape. While many of us realize that the national resources for medical care are not limitless, we are in no position to apply the brakes on the continued escalation in the cost of medical care. That will come about gradually as society itself realizes that a continued acceleration in the percentage of the gross national product going into health care must be controlled. This will come from our social scientists and planners, not from the physician caring for his patient, nor from the hospital trying to furnish the finest care modern medical science will allow. Mr. Putnam's obsession with and I am quoting, "prolonging the lives of living vegetables whom God has decreed should properly be allowed to die in peace" and of, again I quote, "relying less on expensive machines and more on the old fashioned art of medicine and devoting less time and money to spectacular ways of keeping the living dead alive" makes me wonder whether he advocates our return to the jungle and the cave.

Bernard Bloom, M.D.
Chairman,
Public Relations
Committee

Poet's Corner #1

RECIPE

We now have stuff for cancer cures,
Laetrile, my laetrile,
With all the cash that it allures,
Laetrile, my laetrile.

No matter what they say, my dears,
It's been around for thirty years
Along with widows' grief and tears.
Laetrile, my laetrile.

Those hucksters will get very rich,
Laetril, my laetrile,
By hawking with a strident pitch
Laetrile, my laetrile.
They'll be the last to call it quits,
They are the ones it benefits.
Amygdalin from peaches' pits!
Laetrile, my laetrile.

The politicians' expertise?
Laetrile, my laetrile.
They have the "Freedom folk" to please,
Laetrile, my laetrile.
Though saccharin is forever banned,
And cyclamates, throughout the land,
All cigarettes are dandy and
Laetrile, my laetrile.

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Poet's Corner #2

Ode To The Good Nurse

By Dr. John J Alifano, Sr.
(Commissioner State Board of Registration in Nursing)

A trusted friend, a servant of God
You are, O nurse, in your work sublime.
Chosen you are to receive the nod
To attend the sick when called any time.

Your uniform distinctly replete
With austere zeal (a sign of high aim),
Stands for equality, yes, complete:
All people and creeds are treated the same.

You greet with joy a baby's first cry,
Mother—the first—you are to new life.
With furtive tears you gather a goodbye—
The sad, last one which ends a cruel strife.

Angel of love, you anxiously pass
By wards or rooms for patient's welfare.
The serious ones you guard and caress
More so, because they need extra care.

Creature of mercy, soothing relief,
Desired companion to old and young;
Devotion supreme your belief,
Edification your virtue strong.

You are a soldier firm at his post,
Alert, courageous on honor's field.
Yours is the motto: ENDURE I MUST!
MY SACRED PLEDGE: TO SERVICE I YIELD!

Blessings and lauds you deserve galore,
But these to you are spiritual things
Which spur you on to better the score
And be worthy of Him—the King of Kings.

If home and hospital walls and floors
Could talk about your good nursing feats,
The greatest poet would open the doors
Of Muses' temple without retreats.

Keep up, O nurse, the fine fellowship,
The trust, the faith, humanity's love;
And if, perchance, you miss some worship,
Be your kind deeds real credits above.

O true disciple of Flo Nightingale,
Mankind, the doctors (elders in creed),
God and our country will never fail
To exalt your mission peerless, indeed.

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FEATURED ARTICLE

How Good is our Post-Graduate Education?

by Richard D. Baldwin, M.D.

Simplification is the first step in understanding. The earlier we apply this to the field of post-graduate medical education the better. As consumers we are vulnerable to those who are willing to exploit human insecurity and the wish for self-improvement. For our own protection we had better measure the "goods", rank them and publish the results, in order that we may select wisely and well.

I would like to offer a scheme for doing this and urge that it be improved upon and accepted as a standard means of evaluating all post-graduate or continuing educational efforts, (CEE).

Medical care can be simply divided into five phases. Phase one ends with a differential diagnosis *which contains the correct diagnosis.* Phase two ends when the correct diagnosis is proven. Phase three is the correct selection of treatment. Phase four is monitoring of patient status and Phase five the application of treatment modalities to ameliorate baneful changes in the patient's status.

To have any professional value, CEE must have some effect on at least one of these phases. The magnitude of this effect is a valid measure of the worthiness of the CEE. If we are to avoid wasting our time, effort and money on pretty packages with very little content, it will only be by critical consumer evaluation.

Diseases may be ranked by their frequency as common, infrequent, and rare. They may be further classified as easy or difficult to diagnose, and easy or difficult to treat. Indeed some are vaguely defined and poorly understood; but this, in essence, only places them in the difficult to diagnose subgroup.

This classification is simple, (see table 1.)* consisting of only twelve catagories, and provides a useful means of classifying a CEE. To which catagory does it apply? Is it about a rare disease, difficult to diagnose and treat, or is it about a common disease, easy to diagnose but difficult to treat etc.? Once we have decided where it belongs, we can ask ourselves how well or badly it does the job.

Our pre-eminent tools are our eyes and ears. This truism demands that these tools not be neglected, and if they are, that the doctor be spared that CEE. If the disease under study is infrequent or rare, and difficult to diagnose we must "see" and "hear" the patient, because this is the way it will present to us. This means a taped patient interview and not the reiteration of the history as it is available to a third level consultant. His first view of the patient is not our first view and neither he nor we should ever forget this most important point. It also means good photographs of the patient and all that there is to see of importance. In this electronic age, there is no excuse for a poor performance on this aspect of a CEE; and if it is poorly handled, is prima facia evidence of pedagogic incompetence.

It defies understanding why large medical centers, the only places likely to see rarer diseases in any numbers, are unwilling to share what they see and hear with us. They are, to be sure, more than willing to give us

* SEE PAGE 25 OVER PLEASE

information, coded in words, numbers or graphs, but this is a literary derivative and cannot take the place of "seeing", and "hearing". If we are going to recognize a disease by what the patient tells us and shows us, we must have seen it before, and preferably at frequent intervals to refresh our memories. In the case of infrequent and rare disease or common but difficult to diagnose diseases a major effort must be directed to the problem of physician recognition. I have not bought a CEE which was any better than dismal on this score.

If the problem of physician recognition has been well handled (or is trivial e.g. Drug overdose clearly stated in the present complaint) we can then consider subsidiary levels of quality. Is the material clear and well organized? Does it result in a clear mental perception or a stew of disconnected bits and pieces? Has it been simplified so that it can be carried around in the brain or is it so complex that it will only stay unfaded in a notebook or filing cabinet (where if we are honest, it will probably remain unused)? Is the presentation boring or does it keep you excited and attentive? How easy is the material to retrieve if you need it again?

After two years I have graded the "Johns Hopkins Post-Graduate Course in Internal Medicine", in Table 2. Given the very poor performance in "seeing" and "hearing", the organization of the material was good. The taped lectures (for that is all they were), were for the most part quite boring, especially when the lecturer affected an English or German accent. Much of importance in the tape was not re-inforced with a chart. This meant going over and over the tape, making notes, and then trying to figure out where to store the notes so they were available the next time the tape was used. With a few notable exceptions the material faded from memory very rapidly, and though I wished to carry it around in my brain it insisted on shelf storage.

The expertise of the lecturers is beyond question, so you can be sure of getting sound information. *If* you recognize in your practice, a disease covered in the course, and then turn to the tape, it is a different story. The information burns into your brain. Doesn't that speak volumes? Having *seen it* and *heard it* and *recognized it,* everything that follows has heightened impact. How dull and incompetent the pedagoge who fails to see this. Let us raise our voices against him and boycott his wares, while giving our support to those (if and when they appear) who address themselves more appropriately to our needs.

RICHARD D. BALDWIN, M.D.

(SEE NEXT PAGE FOR TABLES)

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Table 1

DEFINITION OF CEE CATEGORIES

Frequency of Disease			Diagnostic Difficulty		Treatment Difficulty		Category
Rare	Infre-quent	Common	Easy	Difficult	Easy	Difficult	
		X	X		X		1
		X	X			X	2
		X		X	X		3
		X		X		X	4
	X		X		X		5
	X		X			X	6
	X			X	X		7
	X			X		X	8
X			X		X		9
X			X			X	10
X				X	X		11
X				X		X	12

Table 2

Grading of Johns Hopkins Post-Graduate Course in Internal Medicine

CEE Category	Grade
3 and above	G-E
1 and 2	P-F

Overall Impression:

G-E — good to excellent
F-G — fair to good
P-F — poor to fair

Overall grade:
A much needed effort unfortunately impaired by lack of insight into the mental processes of primary physicians.

Remarks

Excellent discussion of rational treatment.

1. Severly impaired by slick third level, literary treatment of the patient. (Most)
2. Hypnotic, monotonous, presentations (several)
3. Lack of enthusiastic highlighting of important material (which might aid perception and memory). (Most)
4. Lack of consistent match between important material on the tape and accompanying charts. (Several)
5. Excellent discussion of laboratory phase of diagnosis. (All)
6. Excellent discussion of treatment modalities. (All)

1. Not as good a reference as Harrisons Textbook of Medicine.
2. Where it could do a unique job — in presenting actual cases it does a poor job. Staccato presentation of data in strictly literary form. Fails to make effective use of Audio-Visual media.

CARROL-JEAN YORZYK, R.N.

THE OUTGOING PRESIDENT OF THE AUXILIARY
TO THE HAMPDEN DISTRICT MEDICAL SOCIETY

Annual Report of the Out-Going President

Auxiliary to the Hampden District Medical Society

by Carrol-Jean Yorzyk

We are alive—We are seeking wider horizons and we need your ideas and participation to succeed. During the past year the leadership of this auxilliary has studied, discussed, re-evaluated, reorganized and hopefully redirected the Auxilliary into new areas of community involvement and health education in the Hampden District. Two general meetings, a joint meeting with the medical society and a holiday tea were held for our members. The fall luncheon held at the Yankee Pedlar Inn honored our charter members. Twenty-seven of them were given AMAERF gifts. Those attending: — Madames Memery, Strachan, Bryant, Donaghue, Baker, Sannella, Stusick, Beauchamp Sr., De N Hough, Fortin, Steele, Lavoie, Visconti, Menard, Gaudreau, Turner, Suzor, Diamond, Fanelli, Pfeifer, Hanlon, D'Avanzo, Halton, Franz and Devlin. Mrs. Sannella was given an honorary membership award for her years of continuous support to all auxilliary activities. Because we give so much of our dues ($7) to the National Auxilliary, we asked Mrs. N. Gardner, president of the organization to be our guest speaker.—A joint meeting, held at the Hospitality Inn, featured Dr. Palmer, president of the AMA as the guest speaker.—Alice Cummings, state auxilliary 2nd vice president, presided over the induction of our new board, at the spring luncheon. (Hampden Country Club). Mr. R. Muhlberger, director of the Museum of Fine Arts and George Walter Vincent Smith Museum was the guest speaker. The holiday tea was held at Karen Silva's home. Seventy-five ladies weathered the storm to attend and Cynthia Bye added a new touch. Holiday baking was donated and bought by members. This addition was very successful—$189 towards scholarship. Sandra Haskins also provided a table of AMAERF gifts.

Communication through the Hippocrat and our three lengthy newsletters has been geared to inform our members of our past history, objectives, qualifications for membership and current projects. The new year letter was sent to all doctors wives in the HDMS. Our auxilliary telephone book became more of a handbook under the direction of Mary Lou Derose. The constitution and by-laws, history of the organization and an application for membership were incorporated into the book.

This auxilliary has 335 listed members, which includes 5 resignations, 2 life, 2 honorary and 33

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new members. Cynthia Bye (membership chairman) has directed our medical welcome wagon activities and 17 families have been visited. Visitations were made by Polly Miller, Pat Twible, Claudine Sheffield, Marsha Rocci, and Estelle Shammash. Many of our new members come from the welcome wagon group. According to the membership guidelines from National, "Fun Nights" should be planned to attract new members. A football trip planned by Cynthia Bye to see the New England Patriots vs. Oakland was cancelled because of it's proximity to a religious holiday. The tennis night planned by Dotty Schwendenmann provided entertainment for five courts of tennis enthusiasts. A trip to Cohoes in Albany for a shopping day was a sell-out. Wenda Restall's efforts to provide a fun day resulted in $100 profit for the scholarship fund.

Legislation has been high on our priority list. In the fall each member received a three page letter with all the names of the representatives and senators from Hampden District who are in the state and national government. Directions were also given on how to write the letters. Each Hippocrat and newsletter has contained information regarding current bills and has encouraged members to be informed. The legislative report from the Mass. Medical Society is excellent and we should request a mailing from Mary Ann Shea, 22 The Fenway, Boston. Vivian Purdy spoke to the Board on Bay-Pac. Eight of our members attended the legislative symposium in October in Sturbridge, Mass. where Iris Holland provided her expertise in regards to health care legislation. On April 29th, Cynthia Bye, Polly Miller, Alice Cummings, Sylvia Bloom and Gail Kirkwood attended the joint legislation symposium in Boston.

For the first time the board felt it necessary to hold two large fund raising events. Throughout the year the board has tried to re-evaluate how to fund the scholarship program. Formal balls are increasingly more expensive to stage and the resultant profits smaller. ($1,790.68) The Jazz Concert organized by Betsy Stevens, Ann Case, Gail Kirkwood and Mary Lou Derose raised ($981.02). Helen Atamian's raffle raised ($1,127.21) and $298.00 came from the holiday bake sale and Cohoes trip. A $100 donation was made from the speakers (Dr. Paul Taylor, Diana Zacarian) April 28th. Total $4,287.91. It is the feeling of this board that the Ball, Jazz Concert and Raffle continue to provide the funds necessary for scholarships. Kay Leagus (scholarship chairman) is busy with her committee studying 130 applications. The need for financial aid is definitely on the increase. 13 new $200 scholarships were given.

Health Education and Service: Ginny Lagac planned for us an evening program on "Child Abuse and Neglect". Dr. Paul Taylor, Diana Zacarian (social worker) and Ginny (president of Parents Anonymous) staged the excellent program. The movie "Don't Give Up on Me" was shown—a case studied was followed, a panel discussion presented and a question and answer period held. The program was opened to members, friends, teachers, clergy and the public. 92 people attended. Trinity Church provided the auditorium and the Westfield Council for children provided the fliers that were sent out by the Auxilliary.

During the fall months 22 of our members participated in four of the swine flu clinics. Our annual contributions of clothing to the Northampton State Hospital organized by Roxy Zacarian were well received. Rose Baker took boxes of fabric

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pieces to the Municipal Hospital for the use of the patients. In March, 24 letters were sent to the superintendents of schools in the major towns and cities in Hampden district. We offered the "Be Wise Immunize" fliers provided by the state auxilliary in English and Puerto Rican spanish. Due to the laxity of some parents preschool children in certain areas of our district have not been immunized properly. The plan is to have mothers registering their children for kindergarten, to take a flier home and hopefully contact their doctor or clinic to check on their childrens immunization. To this date 12 cities have requested the fliers.

Health Careers: The state auxilliary informed us this year that in the last five to ten years the job market in health careers has been flooded. Cathy Lovell, sent 45 letters to junior and senior high schools offering our film "Horizons Unlimited". Sixteen schools requested it. Through the efforts of Cathy Lovell, and with the encouragement of the board, an alternative was offered for our past programs on health careers, education and service. The Auxilliary has made a positive commitment to the Science Museum and its proposed Health Hall. Auxilliary members received the museum flier in the April mailing. Through this Hall, we can offer programs on health careers, film days and health related programs. The programs are limitless and continuous!! Dr. Glenn Ives spoke to us at the April board meeting and for those who are interested, training programs for docents commence in the fall.

Sandra Haskins collected a total of $847.40 for AMAERF with a sale of jewlery, memorial cards and christmas cards.

At the request of the Academy of Medicine help was given by Mary Devlin in organizing the card cataloging.

International Health. Dot Mozden has been researching our involvement in this project. The results are, that there is a need for help but because our members are involved in numerous health related organizations, we cannot do the actual work. The Golden Agers have been contacted and will participate in the program if we fund it.

Historian: At the suggestion of Wenda Restall the first scrapbook of the Auxilliary was bound to preserve it.

The Auxilliaries own "In Memoriam" cards have been printed. The monies received will go to the scholarship fund. The scholarship treasurer will be in charge of the cards.

March 30th is Doctors Day in Hampden District. A donation to the Max Millman Scholarship Fund was given in the names of—Dr. D. Wheeler, Dr. G. Becher, Dr. K. Fletcher and Dr. J. Lavoie. They have given their support to the HDMS for 50 years.

The Telephone chairman Helen Gallivan and her committee have been called into service many times this year. This is an important committee.

Publicity: Pat Nenninger has

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written and prepared articles for the newspapers, Hippocrat and t.v. We are now using two pages in the Hippocrat to provide wider coverage of our activities. A special thanks to Walt Stevens and the Hippocrat for their generous coverage.

The Year is Over

I would like to thank all of you for your continued support and help. We saw many new and old faces contributing to our cause. Special thanks are in order for Vivian Purdy and Fran Weiss at the HDMS office. They have come to my aid more than once.

The Page of the Auxiliary to the HDMS

Our trip to Cohoes was such a smashing success last year that Wenda Restall is planning two trips this year. So reserve these dates, Aug. 17th and Sept. 29th for your shopping pleasure.

August is the perfect time to take advantage of those summer sales and to get ourselves ready for our fall and winter wardrobes. September is the right time to think about that special dress for the White Cap Ball. Members and guests are welcome and, as a reminder to our ladies with teenage or college-age daughters, Cohoes has a fine line of clothes for those back-to-school fashions.

—Cynthia Bye, President

MEDICAL WELCOME WAGON

The Medical Welcome Wagon got off to a flying start last year. Designed with the intent of welcoming new medical families, the program provided considerable information acquainting them with their new surroundings and introducing them to our auxiliary program. If you should have a new associate or know of a new family, please contact Polly Miller at 567-6382.

—Cynthia Bye, President

APPLICATION FOR MEMBERSHIP

Auxiliary to the Hampden District Medical Society

QUALIFICATIONS FOR MEMBERSHIP: A person shall be the spouse of a physician or medical student who qualifies and who has applied for Hampden District Medical Society membership or the widow or widower of a physician who qualified for membership at the time of death, provided that person has not remarried outside the profession.

Name Mrs. _____ First Name _____
(Indicate Husband's Name)

Address _____

City _____ Zip _____ Telephone No. _____

The Society hopes each member over the years will serve in some capacity. Please check an interested committee.

Health Education___ Social___ Legislation___ Scholarship___

AMAERF___ Publicity___ Membership Welcome Wagon___

Send form to: Mrs. Polly Miller / 150 Blueberry Hill Road / Longmeadow, Ma. 01106

The State of the Nation's Health — No. 3 —

By Richard E. Palmer, M.D., President, The American Medical Association

CHICAGO — Americans are for the most part a fairly healthy nation.

But we could be much healthier.

Your physician, your dentist and all of the others in health care can help.

But, given the present state of medical skill and knowledge, the greatest room for improvement is up to you.

How you live your life has a great deal to do with how healthy that life will be. In previous articles the American Medical Association presented both the bright and dark sides of the state of the nation's health. In this article the AMA tells what we can expect in the future.

The recent gains in health may slow down in the near future. The American population is getting older. Americans persist in unhealthy personal habits, such as tobacco and alcohol. Social factors such as inflation and unemployment affect health adversely. And environmental factors over which the individual has little control, such as air pollution, are a paramount health problem.

One thing is certain. One's health can be improved by a better personal choice of lifestyle.

At the start, individual health tendencies are inherited from our parents and grandparents. Some are good. Some are bad. Healthy parents tend to beget healthy children. Long-lived people tend to beget long-lived offspring.

Americans are healthy, but we are not as healthy as we ought to be. We eat too much, and the wrong kinds of food. We sometimes drink too much and smoke too much. We sometimes forget to drive carefully. And many of us don't get enough regular exercise.

These admonitions aren't new. We've heard them for years. But they are very important. We know that people who follow a healthy life style will, on balance, live longer and have less illness.

You can measure your own lifestyle and its impact on your health by scoring yourself on seven things: smoking, drinking, weight (is it about right for your height), hours of sleep, eating breakfast, snacking between meals, and physical activity.

For example, if you are a man of 45, you can add as many as 11 years to your life by the practice of good health habits. A woman of 45 can gain up to about 7 years.

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The More Things Change The More They Stay The Same

These editorial meanderings are my last to you as editor-in-chief of your *Hampden Hippocrat.* I assumed this task during the elevation of my friend Setrag Zacarian as your president in May 1973 and am relinquishing it during the elevation of another personal friend Rocco Verrilli. Both men have been loyal trustees of the Hampden District and private practice medicine, I commend the younger members, in fact, all members, to seek their council. They represent the best in American Medicine.

My sucessor has my support and sympathy. My support, because I believe that the *Hippocrat* is vital to and for our society. It is one of the ways of getting information out to the membership and in alerting the membership to the hazards facing American Medicine. My sympathy, because there are no real mechanisms to feed back to the editor whether the Hippocrat is doing its proported job. A complaint passed on to me by my predecessor.

The threats to the continuation of the practice of American Medicine are now from different quarters but still serious and demand all our energy to combat. The ever present Damoclean sword of National Health Insurance/Service has spurred the plans of the American Hospital Association towards a hospital based health care delivery system. Herein and hereby the individual physician becomes part of a hospital team. A team now composed of the paramedical and allied health professionals salaried by the hospital from monies earned and often part of the daily rate. Business managers, as hospital administrators, will orchestrate and direct the practice of medicine not you. Under the banner of cost containment, the bureaucrats have obtained legislation from both federal and state politicians to oversee (police?) the distribution of tax funds for health care. Momentarily the pressure seems to be off the physician and centered on the hospital. Certificate of Need justification for what (to many) seems as normal growth and development and the competitive process, has forced many former enemies into the same bed for mutual survival. The momentum of bigness unfortunately crushes many of the smaller operations. Here the physician is being used and abused by many parties; principles fall to expediency, facts serve purposes not truths. But this is not new to the profession of doctors of medicine.

The physicians' unique position in modern society make them conspicuous to their patients and the health planners. The ambivalence reported in national surveys— "mine is good, the rest are not" has become a tool in the hands of the planners and the media have not been hesitant to capitalize on the reportability of physicians actions and/or incomes. These planners seem to be aiming for 'S'ocialized medicine, in spite of the lessons and problems very visible in other English speaking nations. Is it a mark against our American culture that the only reason we are not now enjoying a National Health Service, is the fact that we can not afford it? Is our medical cupboard so bare that we, as physicians, can not assert our strength through organized medicine to educate our patients and our politicians? Cost control is essential, but like charity does it not begin at home? Was and/or is POGO correct in identifying the enemy as us? American

NEXT PAGE

physicians have cleaned their medical school house once this century and created private health insurance, now we must assure that which we created — American Medicine remains the best in the world, under our direction but with input from social economics and self discipline to provide physicians' services throughout our Nation.

The medical school, under the federal financial thumb, must restructure itself so that its graduates enter into practice as practitioners of general medicine and surgery. After a period of practice, the aspiring physician can then reenter medical school for additional training or for specialization; the emerging medical graduate should not go directly into residency. Even in our 'hurry up- quick service' society of the seventies, this idea is not new— just read the discussions of the 20ties and 30ties, when the specialized societies were creating national boards of examiners. The town and gown controversy persists. The academic physician and the practicing physician need to come together. In my speciality ¾ of the therapy is done by the practicing therapist, but the plans and protocols are geared to and by the academic physician; the word- the truth does not readily flow in either direction. This must be corrected, must be changed.

The greatest threat to the continuation of the practice of American Medicine comes from ourselves in two paths. First, from the physician who just does not care about what is happening to medicine; he is heard saying "I'm not interested in these problems. I want to practice my way- leave me alone." Second, by forgetting we are a profession, bound together by an oath and a common purpose in life- to be a complete physician to our patients. We must not cut out a fellow physician from the circle, but find a niche for him or her and lower ourselves to help. The reverse can be our lot! Is POGO correct?

Indeed, the more things change, the more they stay the same.

Finis—

The editor-in-chief
June 1977

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Editor's Farewell

I shall take editorial license to say farewell to my friends and acquaintences and goodbye to my enemies and others. To those who over the past eight years I have come to know as associates with the *Hippocrat,* I have thoroughly enjoyed working with you all and I thank you for your help and efforts to me and for the *Hippocrat.* To those who have not sided or agreed with me or my editorial policy, I thank you for your loyal opposition, it was stimulating. Unfortunately, not enough righteous controversy ever reached the *Hippocrat's* pages. The next issue of your *Hampden Hippocrat* will mark the beginning of a new epoch, as the new child of the Publications Committee. Many familiar persons will be in new assignments and when the thirty fourth volume comes off the presses in January 1978, I suspect that some restructuring will have occurred in format, makeup and content. The recent editorial board meeting so suggested. I hope that the *Hippocrat* can become the printed forum for the four western counties of the Commonwealth; its strength is that it will go to all in organized medicine. Many of our/their problems are regional and we must equate to the divisions as created by the Commonwealth and the federal agencies. Two way communication is essential for survival of American medicine. I would hope that a limited number of scientific articles, by *Hippocrat* readers, can be published or reprinted along with the social, economic and political articles which have been carried in the past. Its functions as delineated by our bylaws should be retained, but perhaps adapted to meet a four county readership. I am pleased with the Hampden District. I see it as a dynamic, purposeful and organized district society. Its choice of officers and elected representatives continues to be balanced, middle of the road and sound. As I leave the area in October, I will have personal regrets, but not about the *Hampden District;* it will continue its tasks and role superbly. Please keep an eye and hand on our executive secretary, Viv Purdy. Her task is difficult and an encouraging word from the membership is always in order as is an encouraging pat (on the shoulder or figuratively). Communication by touch is a neglected art in America.

Thank you and farewell,

The editor-in-chief
Notlaw E. Snevets

THOUGHTS WHILE PERUSING MEDICAL MATTERS of BSMC

1. When S. and W. hug and kiss
   And then go off and merger,
   There may be truths come out of this
   But some may wish to perjure.

2. Fifteen men on a dead man's chest
   Will make a mournful ditty,
   But sadder still if they come to rest
   At last on one committee.

3. We have so many pow wows
   We're headed for the bow wows.

4. Though some are sharp and some are witty,
   The trouble is—and such a pity—
   They'll never get to the nitti gritti
   With thirteen men on one committee.
   (Unless they're all like Walter Mitty.)

5. If you try to go from bed to bed you'll
   Never make your meeting schedule.
   So simply stand there down the hall
   And to your patients yell, "How y'all?"

6. We have messengers and couriers,
   We have serfs and we have slaves,
   We have Chiefs and we have Worriers,
   But we haven't any Braves.

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